



## ARCHIVAL MEMORANDUM

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DATE:

TO:	VPAA	Approved: _____	Date: _____
VIA:	Dean	Approved: _____	Date: _____
	Registrar	Approved: _____	Date: _____
	Dept. Chair	Approved: _____	Date: _____

FROM:

SUBJECT: Request Archival of Curriculum

**COURSE ARCHIVAL IN ALPHA \_\_\_\_\_ NUMBER \_\_\_\_\_ TITLE \_\_\_\_\_**

Attach course guide

- \_\_\_\_\_ 1. Justification for course archival
- \_\_\_\_\_ 2. Plans and implementation date for phasing out this course
- \_\_\_\_\_ 3. Plans for students currently enrolled in the course or enrolled in the program requiring the course

**PROGRAM ARCHIVAL \_\_\_\_\_**

Attach program form

- \_\_\_\_\_ 1. Justification for program archival
- \_\_\_\_\_ 2. Plans and implementation date for phasing out this program
- \_\_\_\_\_ 3. Plans for students currently enrolled in the program